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CUSTOMER NO.: 20277

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/775,514	02/05/2001	Toshihiro Tsumura	49657-983	8460

TITLE OF INVENTION: MULTI-CHANNEL OPTICAL COMMUNICATION SYSTEM THAT CONTROLS OPTICAL REFLECTION FOR EACH CHANNEL AND OPTICAL TRANSMITTING AND RECEIVING APPARATUS THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 \$700	\$300	\$1700 \$1000	04/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, HANH	2638	398-169000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 McDERMOTT WILL &
EMERY LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TSUMURA RESEARCH INSTITUTE CO.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OSAKA, JAPAN

04/11/2006 MBEYENE2 00000013 500417 09775514

01 FC:2501 700.00 DA
02 FC:1504 300.00 DA
03 FC:6001 500.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other business entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies TWO

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

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- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Stephen A. Becker

Date April 7, 2006

26,527

Typed or printed name

Registration No.

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